CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT		ANDIDATE OR COMM				
1-18-11	VAN	nes Dethune				
2.b. IF COMMITTEE, NAME OF CANDIDATE			:	3. ELECTION DA	ATE	
				NOV 2n	1 20	110
4.a. CAMPAIGN ADDRESS AND PHONE					<u> </u>	•
Street or Rural Route	City	Sta		Zip Code	Pho	ne
710 HAVEN Hill DR	CAST Ridge	- 1x	Ū į	37412	423	8930312
4.b. CANDIDATE'S HOME ADDRESS (if different	ent than 4.a.) ∂					
Street or Rural Route	City	Sta	te .	Zip Code	Pho	ne
OFFICE SOUGHT (include district number,	if applicable)	6. NAME OF PO	NITICAL TO	DEASURED (max		4-1
	п аррисавіе)			REASURER (ma	y be candida	te)
EAST Ridge Council		TAME:	s Qe	hune		
7. CATEGORY OR REPORT (Check one)						
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YE YE	L⊻I EAR-END
QUARTER QUARTER QUARTE	R QUARTER		ENERAL	SUPPLEMENT		PLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE				
/0 -2.3 /O 9. (Check one)		VAN	18 -	20 11		
9. (Check one)		0	,			
a. This campaign is exempt from deta	iled disclosure becaus	se contributions (inclu	udina in-kind) received total S	\$1.000 or les	s AND expendi-
tures total \$1,000 or less for this re	porting period. (Comp	plete items 12d., 12e.	. and 12f.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o 7 11 42 expendi
b. This campaign is required to file a c	letailed financial discl	osure because contri	hutions (incl	uding in kind) so	aniund total	th 04 000
and/or expenditures total more than	\$1,000 for this repor	ting period.	Dulions (inci	dding in-kina) re	ceived total	nore than \$1,000
10. I/we do solemnly swear or affirm that the	information contained	d in this campaign fir	nancial discl	osure report is t	rue and that	this report is an
accurate accounting of campaign contribu	tions and expenditure	es required to be repo	orted by the	candidate comm	ittee by the	Campaign
Financial Disclosure Act. Additionally, I/w	e swear or affirm that	t no campaign contrib	utions have	been expended	for the perso	onal financial
benefit of the candidate or for any other n	onpolitical purpose as	s defined by the feder	al internal re	evenue code		
6 B. 80.	1-10-11		6	1201		1 10 11
signature of candidate	1-18-11 date	7	anes	Kelton		1-18-11
signature di candidate	date	// s	signature of p	political treasure	Г	date
11. WITNESS SIGNATURE			11/1	0 /	1	
Koh Ballin	1-18-1	1	Kul	KIN		118-1
				proper		1-10-11
signature of witness	date		algnatu	re of witness		date
10. 011111111111					***************************************	
12. SUMMARY				21.62		
a. BALANCE ON HAND LAST REPORT.			9	341.5		
				250 00	n	
b. TOTAL RECEIPTS THIS PERIOD				250-		
				20,67	,	
c. TOTAL DISBURSEMENTS THIS PERIOD)		\$	571		_
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)				\$	
						Λ
e. TOTAL LOANS OUTSTANDING	LUB 17 NAC	TT			\$	0
50:0	IMA TCHAI	11				^
f. TOTAL OBLIGATIONS OUTSTANDING	ยการราบเกษา				\$ —	0
	EFFELION					
	DO HOTJIMAH					4



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD					
James Bethune	FRONG 23. 10 TO: 1 - 18-11					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)						
a. Unitemized Contributions (\$100 or less from each source this period)	s <u>250</u>					
b. Itemized Contributions (over \$100 from each source this period)	\$					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. a	and 15.b.) \$ <u>250.00</u>					
16. LOANS RECEIVED THIS REPORTING PERIOD	\$_ <u>Ø</u>					
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>O</u>					
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.	b.)s <u>250 00 </u>					
DISBURSEMENTS						
19. EXPENDITURES (other than loan payments)						
a. Expenditures (\$100 or less each payee this period) (must be listed by o	category - e.g., printing, postage, gasoline)					
\$						
\$						
\$						
\$						
\$						
\$						
\$						
\$						
Total of Expenditures (\$100 or less each payee)	\$					
b. Itemized Expenditures (Over \$100 each payee this period)						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 1	9.b.)s <u>591 67</u>					
20. LOAN REPAYMENTS MADE THIS PERIOD						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)						
22.IN-KIND CONTRIBUTIONS						
a. Unitemized in-kind contributions (\$100 or less from each source this pe	riod)\$					
b. Itemized in-kind contributions (over \$100 from each source this period)\$						
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$						
23. OBLIGATIONS						
a. Unitemized Obligations Outstanding (\$100 or less each)	\$_O					
b. Itemized Obligations Outstanding (Over \$100 each)\$						
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$						

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT CO					ING THE PERIOD
Vames gelhune FROM: 10-23-10					
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZ	ZED CONTRIBUTION (The second secon	100 from any contributor)	
First Name Vince	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	2.2
Address		Runoff (Local Election	250 00		
City	State	Zip Code	ip Code Date of Contribution		Aggregate This Election
Occupation STATE Rep			Nov 2nd		
Retired Police. O.	Employer Retired Police Officer				
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	☐ Primary Election ☐ General Election	
Address			Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
1					
First Name	Middle Nam	e	Contribution Received For	:	Amount of Contribution
First Name Last Name/Organization Name	Middle Nam	e		: General Election	Amount of Contribution
	Middle Nam	e		General Election	Amount of Contribution
Last Name/Organization Name	Middle Nam	zip Code	Primary Election	General Election	Amount of Contribution Aggregate This Election
Last Name/Organization Name Address			☐ Primary Election [☐ Runoff (Local Election	General Election	
Last Name/Organization Name Address City			☐ Primary Election [☐ Runoff (Local Election	General Election	
Last Name/Organization Name Address City Occupation			☐ Primary Election [☐ Runoff (Local Election	General Election	
Last Name/Organization Name Address City Occupation		Zip Code	☐ Primary Election [☐ Runoff (Local Election	General Election	
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election General Election	Aggregate This Election Amount of Contribution

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	RING THE PERIOD				
1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COV FROM: 10-23-10					TO: JAN 18 2011	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	JRES FRO	M PRECEDING PAGE	E (enter \$0 if first itemized pa	ge)	Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED EXPENDITURE (e	xpenditures totaling more than \$100	to any payee during the per	iod)	
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	1		\sim		17	
Address			Reciption AT Jain Field INN		59167	
City	State	Zip Code	- AT Jain Full LNN			
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					* * * * * * * * * * * * * * * * * * * *	
Address						
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	Address					
City	State	Zip Code	1			
First Name	Middle Name		Purpose of Expenditure	VIEW PARTY DE LA CONTRACTOR DE LA CONTRA	Amount of Expenditure	
Last Name/Business Name						
Address		2				
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	of this form a	are used.) item 19b. of summary.)				